

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH012174	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER GOLDEN BRIDGES PCH III		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 GREEN STREET CONYERS, GA 30012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>An unannounced onsite visit was made on 5/20/2025 and the investigation was completed on 5/26/2025.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50002292. No rule violations were cited as a result of this investigation.</p>		